

AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF NEVADA }
COUNTY OF CLARK } ss.

OTTO O. LA FONTAINE being first duly sworn, deposes and says that affiant is over the age of 21 years and competent to be a witness as to the matters hereinafter stated.

That affiant is OTTO O. LA FONTAINE the person named as OTTO O. LA FONTAINE, one of the grantees in that certain deed recorded February 17, 1964, as Document No. 41290 in Book M-1 of Real Estate Deeds, page 231 in the office of the County Recorder of Lincoln ~~Clark~~ County, State of Nevada.

That GEORGIANNA LA FONTAINE was one of the grantees named in said deed and was the identical person named as GEORGIANNA MARY LA FONTAINE, the decedent, in that certain Death Certificate, certified copy of which is annexed hereto and made a part hereof.

Otto O. La Fontaine
Otto O. La Fontaine

STATE OF Nevada }
COUNTY OF Clark } ss.

On this 29th day of December, 1975, personally appeared before me, a Notary Public in and for said Clark County, Otto O. La Fontaine

known to me to be the person described in and who executed the foregoing instrument, who acknowledged to me that he executed the same freely and voluntarily and for the uses and purposes therein mentioned.
WITNESS my hand and official seal.

(NOTARIAL SEAL)

Wm. O. Smith
Wm. O. Smith
NOTARY PUBLIC IN AND FOR SAID COUNTY AND STATE
(If executed by a corporation the corporation form of acknowledgment must be used)

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TYPE, OR PRINT IN PERMANENT INK SEE HANDBOOK FOR INSTRUCTIONS

STATE OF NEVADA—DEPARTMENT OF HEALTH, WELFARE, AND REHABILITATION
DIVISION OF HEALTH—SECTION OF VITAL STATISTICS

CERTIFICATE OF DEATH 5452

DECEASED—NAME Georgianna Mary LaFontaine		SEX Female	DATE OF DEATH (MONTH, DAY, YEAR) November 12, 1975
RACE White	AGE—LAST BIRTHDAY (YEAR, MONTH, DAYS) 76	DATE OF BIRTH (MONTH, DAY, YEAR) July 18, 1905	COUNTY OF DEATH Clark
CITY, TOWN, OR LOCATION OF DEATH Las Vegas,		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) N. Sunrise Hospital	
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) Massachusetts	CITIZEN OF WHAT COUNTRY USA	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married	SURVIVING SPOUSE (IF WIFE, GIVE MARRIED NAME) Otto O. LaFontaine
SOCIAL SECURITY NUMBER [REDACTED]	USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) Specker	KIND OF BUSINESS OR INDUSTRY Textile Manufacturing	
RESIDENCE—STATE Nevada	COUNTY Lincoln	CITY, TOWN, OR LOCATION Caliente	STREET AND NUMBER Yes
FATHER—NAME Romuald LaChance		MOTHER—MARRIED NAME Clara Beaulieu	
INFORMANT—NAME Rosalie C. Sargent		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) (dtr), 717 Center St. Henderson, Nev. 89015	
PART I DEATH WAS CAUSED BY: 19 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) (a) Organizing a Hemorrhagic Pseudotumor (b) (Etiology not determined) (c)			
PART II OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)			
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) 76	DATE OF INJURY (MONTH, DAY, YEAR) 76	HOUR 76	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18) 76
INJURY AT WORK (SPECIFY YES OR NO) 76	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) 76	LOCATION 76	(STREET OR R.F.D. NO., CITY OR TOWN, STATE) 76
CERTIFICATION—PHYSICIAN: 27a I ATTENDED THE DECEASED FROM 10-21-75 TO 11-12-75	27b I DID NOT SEE THE BODY AFTER DEATH. 11-11-75	27c I DID (OR DID NOT) SIGN THE DEATH CERTIFICATE. 11-11-75	DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED. 7:26 a
CERTIFICATION—MEDICAL EXAMINER OR CORONER ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, THE DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. 27d		HOUR OF DEATH 7:26 a	
CERTIFIER—NAME (TYPE OF PRINT) Norman Venger MD		SIGNATURE Norman Venger MD	DEGREE OR TITLE MD
MAILING ADDRESS—CERTIFIER 3196 S. Maryland Pkwy Las Vegas, Nevada		DATE SIGNED (MONTH, DAY, YEAR) 89109	
28a ALL CREMATION, REMOVAL OR BURIAL Removal-Burial		CEMETERY OR CREMATORY—NAME Caliente Cemetery	LOCATION Lincoln Co. Caliente, Nevada
DATE 11-15-75		FUNERAL HOME—NAME AND ADDRESS Palm Mortuary 800 S. Boulder Hwy Henderson, Nev. 89015	DATE RECEIVED BY LOCAL REGISTRAR 12-1-75

"CERTIFIED TO BE A TRUE AND CORRECT COPY OF THE DOCUMENT ON FILE WITH THE REGISTRAR OF VITAL STATISTICS, STATE OF NEVADA."
This copy was issued by Clark County from certified records from State certified documents as authorized by the State Board of Health pursuant to NRS 440.175. This is a true certified copy of the record on file with the seal of the District Registrar REPRODUCED IN PURPLE INK.

1.00
\$2.00
District Registrar
Lincoln County, Nevada

57640
FILED AND RECORDED AT REQUEST OF
Otto O. LaFontaine
JAN 2 1976
AT 10 MINUTES PAST 11 O'CLOCK
P. M. IN BOOK 16 OF OFFICIAL
RECORDS, PAGE 173 LINCOLN
COUNTY, NEVADA.
County Recorder